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FACSIMILE TRANSMISSION COVER SHEET

Date: August 16, 2005
To: United States Patent and Trademark Office
Examiner: Kumar, Pankaj; Art Unit: 2631
Fax: (703) 872-9306
Re: **Application Serial No.: 09/662,405**
Filing Date: 9/14/2000; First-Named Inventor: Eldumiaty
Attorney Docket No.: 01CON267P
From: Farjami & Farjami LLP

Number of pages including the cover sheet: 23

Message:

Enclosed please find the Response to Final Office Action dated June 15, 2005.

Also, enclosed please find a Declaration Under 37 C.F.R. § 1.132.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

AUG 16 2005

Attorney Docket No.: 01CON267P

AMENDMENT COVER SHEETIN RE APPLICATION OF: Eldumiati, et al.SERIAL NO.: 09/662,405 FILED: 9/14/2000FOR: Processing Diagnostic and Identification Data in an Analog Modem SystemHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	46	MINUS **46	* = 0	x 50	x 25	\$
INDEPENDENT	5	MINUS ***5	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

99RSS444

Attorney Docket No.: 01CON267P

- ☐ Enclosed is the total fee of \$ _____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-1867 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date:

8/16/05

By:

Farshad Farjami, Reg. No. 41,014

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

8/16/05

Signature

Christina Carter

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AUG 16 2005

Applicant(s): Eldumiati, et al.	Group Art Unit: 2631
Application Serial No.: 09/662,405	Examiner: Kumar, Pankaj
Filed: September 14, 2000	
Title: Processing Diagnostic and Identification Data in an Analog Modem System	

RESPONSE TO FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is submitted in response to the *Final* Office Action, dated June 15, 2005, in the above-referenced patent application. Please consider the following remarks.